As More People Live Longer

The eighth annual conference on aging, held during the week of June 27, 1955, at the University of Michigan, Ann Arbor, had an official registration of 804. Representatives of 30 States, the District of Columbia, 3 Canadian Provinces, England, and Sweden attended the general sessions and the various workshops.

Sponsors of the conference were the University; the Department of Health, Education, and Welfare; the Department of Labor; the Civil Service Commission; the Housing and Home Finance Agency; the Council of State Governments; United Auto Workers, Congress of Industrial Organizations; Michigan State Medical Society; and the Michigan State Departments of Employment Security, Agriculture, Health, Public Instruction, Mental Health, and Social Welfare.

The chairman of the conference, Dr. Wilma Donahue, who is chairman of the division of gerontology, Institute for Human Adjustment, University of Michigan, reports that one outgrowth of the conference was the formulation of emerging concepts by which the problems associated with aging might be approached. These observations and principles are presented below in the form of a list of tentative conclusions reported by the conference research seminar.

- The proportion of the people in our society who are old is probably going to remain at about the present level to the end of this century. The number of older persons will increase along with the numbers in all other age groups.
- As with other segments of the population, older people can expect more of the better things of life, more leisure and time for creative pursuits as our national productive capacity expands in line with the extension of automation.
- As a result of our added years, all of us will spend more years in the work force, but these years will constitute a smaller proportion of our lives. There will be further decline in work force participation after age 65.

- There is no immediate prospect of a dramatic rise in the total length of life. There will not be a great increase in the life span, but, as a result of medical progress, more of us will live into the older years.
- By employing the emerging concept of treatment of the whole person as opposed to a focus on a particular disease entity, we are achieving spectacular results in restoring the individual to self-function and to a useful place in society. Moreover, treatment of the total person through utilization of the team approach, and the coordinated services of the community can reduce the period of hospitalization from one-third to one-half.
- It is increasingly recognized that the problems of the later years have their onset in the middle years. Therefore, there is need for increased focus on prevention and planning in the fields of health, income maintenance, use of leisure time, education, and living arrangements.
- We may expect continuing pressure on the part of older workers to remain in the labor force until it is possible to guarantee income security and other meaningful roles.
- The need for income maintenance will continue to be a primary concern, and, if present trends continue, we might expect this income to be derived from deferred earnings in the form of social security, private pensions and related benefits, and to a limited extent from personal savings. Also, the provision of more services, such as adult education, recreation, and preventive health services by the community, will contribute to the improvement of the economic status of older people.
- The kinship and household pattern of threegeneration families has all but given way to the separate family unit composed of man and wife or of man, wife, and immature children. To a very large extent, the two generations of grandparents and parents are mutually independent and prefer to follow their peer group relationships.
- It might be expected that increasingly inter-

generational relationships will become voluntary in nature as opposed to socially defined, legal, or moral obligations. These relationships will instead be based on affection, congeniality, and mutual interests.

- There is much evidence that leisure will occupy a greater proportion of our lives. This has clear implications for community provision of additional facilities and services for leisuretime pursuits for all generations.
- There exists in many communities a need for the coordination of medical and social services to reduce the problems of institutional medical care and the costs of such care of the old.

• Older persons can do much toward minimizing their own personal adjustment problems by contributing their services where they reside in cooperation and in participation with all other age groups in helping to meet the community needs.

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A brief summary of the conference appears in the September 1955 issue of Geriatrics. Some of the other materials presented at the conference will be published by the University of Michigan Press during the spring of 1956 in a book entitled "Aging's New Frontiers."

Federal Surplus Property

Federal surplus property costing \$56,667,227 was distributed to States for public health and educational purposes during July, August, and September, 1955, by the Department of Health, Education, and Welfare.

Under the Federal Property and Administrative Services Act of 1949, the Department channels surplus property to State and local government agencies and to

nonprofit institutions, which are exempt from Federal taxes, in the fields of public health and education.

Property transferred includes school and hospital building sites, buildings suitable for students or faculty, motor vehicles, furniture, tools, laboratory equipment, and school and office supplies. Most of the surplus property comes from the Department of Defense.

Disposition of Federal personal and real surplus property (acquisition cost), July 1-Sept. 30, 1955

State	Personal property	Real property	Total	State	Personal property	Real prop- erty	Total
Totals	\$54,133,736	\$2,533,491	\$56,667,227	New Hampshire New Jersey	209, 710		209, 710
Alabama	1 174 892	25, 358	1, 200, 250	New Mexico	232, 577	139, 077	371, 654
Arizona	32 329	20, 000	32, 329	New York	3 506 972	100, 011	3, 506, 972
Arkansas	449 307	98, 100		North Carolina	1 249 094		1 249 094
California	5 493 933	725, 565	6, 219, 498	North Dakota	103 390		103 390
Colorado	1 017 369	120, 000	1, 017, 369	North DakotaOhio	1. 721. 176	20. 416	1. 741, 592
Connecticut	962, 840		962, 840	Oklahoma	858, 730	65, 960	924, 690
Delaware	318, 362		318, 362	Oregon	1, 106, 460	33, 535	
Delaware Florida Georgia	1, 753, 490	7, 620	1, 761, 110	Pennsylvania	3, 301, 563		3, 301, 563
Georgia	844, 647		844, 647	Rhode Island	431, 698		431, 698
Idaho				South Carolina	1. 235, 899	li	1, 235, 899
IllinoisIndiana	1, 783, 044	42, 608	1, 825, 652	South Dakota	315, 917		315, 917
Indiana	793, 322		793, 322	Tennessee	1, 266, 752	404, 165	1, 670, 917
Iowa	815, 802		815, 802	Texas	2, 388, 019	383, 696	2, 771, 715
Kansas	832, 691		832, 691	Utah	954, 558		954, 558
Kentucky	1, 049, 507	260, 611	1, 310, 118	Vermont	225,509		225.509
Louisiana	623, 519	1, 503		Virginia	976, 827	5, 000	981, 827
Maine	367, 103		367, 103	Washington	1, 035, 051	133, 000	1, 168, 051
Maryland	1, 214, 185		1, 214, 185	West Virginia	570, 831		570, 831
Massachusetts	2, 558, 355	3, 500	2, 561, 855	Wisconsin	1, 189, 517		1, 189, 517
Michigan	1, 173, 749	32, 921	1, 206, 670		88, 101		88, 101
Minnesota	1, 244, 513		1, 244, 513	Alaska		18, 091	18, 091
Mississippi	1, 013, 894		1, 013, 894	District of Colum-			
Missouri	1, 451, 699	46, 475	1, 498, 174	b1a	445, 908	53, 935	499, 843
Montana	94, 016	13, 590	107, 606		154, 204		
Nebraska	1, 615, 588		1, 615, 588	Puerto Rico	593, 322		593, 322
Nevada	113, 842		113, 842				